

3.8  
87/4/10

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ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	<i>RR</i>		
<b>FORMALITY REVIEW</b>		<i>700291</i>	<i>10-201</i>
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ .....	Rejected	N .....	Non-elected
= .....	Allowed	I .....	Interference
— (Through numeral) ...	Canceled	A .....	Appeal
÷ .....	Restricted	O .....	Objected

Claim	Date
Final	
Original	
1	✓ =
2	
3	
4	
5	
6	
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8	
9	
10	
11	
12	✓ =
13	✓ ✓
14	0
15	
16	
17	
18	
19	0
20	✓ ✓
21	✓ ✓
22	0
23	
24	
25	
26	
27	0
28	✓
29	✓
30	0
31	
32	
33	0
34	✓
35	✓ 0
36	✓
37	✓
38	✓
39	0
40	✓
41	✓
42	✓
43	✓
44	0
45	0
46	0
47	✓
48	0
49	0
50	✓

Claim	Final	Original	Date
		E17	
51	✓		
52	✓		
53	✓		
54	✓		
55	✓		
56	✓		
57	✓		
58	0		
59			
60			
61			
62	0		
63	=		
64			
65			
66			
67			
68			
69			
70	=		
71	✓		
72	✓		
73	✓		
74	0		
75	✓ =		
76	✓		
77	✓		
78	✓		
79	✓		
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Claim	Date				
Final Original					
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here